



Prescription Medication Usage Study Committee - Legislative Interim

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The Iowa Medical Society core purpose is to assure the highest quality health care in Iowa through our role as physician and patient advocate. The 4,600 physician MD/DO members of the Iowa Medical Society (IMS) believe strongly in providing quality health care in the most efficient and affordable manner possible for all Iowans. The question posed by this interim committee, "What does your organization propose doing to contain the cost of, provide access to, and improve the quality of prescription drugs?" will be discussed briefly in this response by IMS.

The IMS has long supported universal health insurance coverage and access to health care services. Our policy recommends a broad range of strategies and acceptable alternatives toward accomplishing this goal including: that all Iowans should have financial access to affordable, high quality health care; that government, employers, providers of health care, and individuals share the responsibility to ensure access to care; and that cost containment should be based on the refinement of the private marketplace, not increased governmental regulation. The issue of cost containment as related to pharmaceuticals and prescribing has changed dramatically in the last several years with the movement towards the use of the medical home models for care; increased attention to chronic health conditions and the management of those conditions; and the increased use of health information technology, particularly the use of electronic prescribing.

IMS believes care coordination and encouraging preventative care are essential in the provision of quality care. The *Commonwealth Fund State Scorecard on Health System Performance, 2009* released on October 8, 2009 shows Iowa ranking second overall in the nation, behind Hawaii, for the quality of its health care system. Iowa's continued focus on quality care continues despite our rankings. IMS believes a focus on preventative care should be encouraged as it leads to patients living longer healthier lives. It also helps patients become partners in their wellness activities, and may also prevent expensive illness-driven care in the future.

The use of the Medical Home model based in physician practices to achieve prevention and chronic disease management requires teamwork for success. Physicians have the most extensive training whether it be in primary or specialty care, and particularly at the primary care level, they have the opportunity to develop a lasting relationship with the patient and their family. This is

invaluable in managing the patient's illnesses whether a chronic disease state or preventative care avoiding costly care in the future.

Computerized prescribing in the practice of medicine is a change that has come to Iowa. An increasing number of Iowa physicians have access to health information technology and e-prescribing. The use of electronic medical records helps reduce prescription errors and provide cost containment through the increased use of generic drugs. As decisions about computerized prescribing are made, the relative benefits of basic systems (that improve legibility and completeness) versus more advanced systems (with clinical decision support such as drug-dose, drug-allergy, and drug-interaction checking) will be reviewed by Iowa physicians to determine what best fits their practice model. Many large Iowa health systems and physician clinics have implemented advance clinical support systems as a part of their electronic prescribing or as an integrated component of their electronic health records. Clinical decision support in electronic prescribing systems can improve the safety, quality, efficiency, and cost-effectiveness of care. The benefits include: (1) drug selection with generics being the default; (2) patient role in pharmacotherapy risk-benefit decision making; (3) screening for interactions (drug-drug, drug-laboratory, drug-disease); (4) linkages between laboratory and pharmacy; (5) dosing calculations and scheduling; (6) coordination between team members, particularly concerning patient education; (7) monitoring and documenting adverse effects; and (8) post marketing surveillance of therapy outcomes. Computerized prescribing is an important component of clinician order entry in an integrated electronic health record. All of the above help to improve quality, control costs, and assure patients have access to the pharmaceutical care they need in addition to improving their clinical outcomes which all save money for both the patient and the insurer.